**STATE OF RHODE ISLAND**
**EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

# 9/25/2015 PUBLIC NOTICE OF PROPOSED CATEGORY II CHANGE TO RHODE ISLAND'S COMPREHENSIVE 1115 WAIVER DEMONSTRATION

In accordance Rhode Island General Laws 42-35, notice is hereby given that the Executive Office of Health and Human Services (EOHHS) will seek federal authority to implement the following Category II Change to Rhode Island's Comprehensive 1115 Waiver Demonstration (project no. 11-W-00242/1):

## Reinventing Medicaid 2015:
## Sobering Treatment Opportunity Program

As part of Governor Gina Raimondo's effort to reform Medicaid, the Working Group to Reinvent Medicaid issued an April report that recommended numerous initiatives to achieve financial savings in State Fiscal Year 2016. The Governor introduced those recommendations in a budget article entitled, "The Reinventing Medicaid Act of 2015." The Rhode Island General Assembly passed the Reinventing Medicaid Act in June.

As a result of the Act's passage, EOHHS is seeking federal authority to implement several changes to the Medicaid program. This Category II request will implement a new program called the Sobering Treatment Opportunity Program (STOP). STOP will provide a combination of short-term recovery programs, assessment for detoxification treatments, transitional services, and/or referral arrangements to people with chronic alcohol dependence. This program will divert chronically inebriated individuals from the emergency room to a lower-cost alternative setting and will seek to connect those people to needed treatment services and supports.

This proposed Category II change is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-1965 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by October 26, 2015 to Darren J. McDonald, Executive Office of Health and Human Services, Hazard Building, 74 West Road, Cranston, RI, 02920, or darren.mcdonald@ohhs.ri.gov.

In accordance with the Rhode Island General Laws 42-35-3, a hearing will be conducted to receive public testimony on the proposed Category II change if requested by twenty-five (25) persons, or by an agency or association having at least twenty-five (25) members. A request for a hearing must be made within thirty (30) days of this notice.

The Executive Office of Health and Human Services does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief, or disability in acceptance for or provision of services or employment in its programs or activities.

**Rhode Island Comprehensive Section 1115 Demonstration**
**Project Number: 11-W-00242/1**

**Category II Change**
**Change Name: Sobering Treatment Opportunity Program**
**Change Number: 15-04-CII**

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|---|---|
| Date of Request | October 27, 2016 |
| Proposed Implementation Date: | January 1, 2016 |

**Fiscal Impact:**

| | **FFY 2016** | **FFY 2017** |
|---|---|---|
| **State:** | **$187,500** | **$250,000** |
| **Federal:** | **$187,500** | **$250,000** |
| **Total:** | **$375,000** | **$500,000** |

**Description of Change:**
**Attachment A**

**Assurances:**
**Attachment B**

**Standard funding questions:**
**Attachment C**

**Attachment A: Description of Change**

The Executive Office of Health and Human Services is submitting a change of request to the Rhode Island Comprehensive Section 1115 Demonstration, with an effective date of January 1, 2016, to implement an innovative treatment program for chronically inebriated Rhode Islanders. This request is submitted as a Category II change.

Description:

Persons with "Chronic Alcohol Dependence" are a major source of emergency room utilization. First responders (e.g. police, fire, and rescue) are required to bring inebriated people to hospital emergency rooms, if they are not in police custody for committing a crime. The state is requesting authority to deliver services in an alternative treatment setting, which will provide a combination of short-term recovery programs, assessment for detoxification treatments, transitional services, and/or referral arrangements. This program is called the Sobering Treatment Opportunity Program (STOP).

- The immediate goals of detoxification treatments are to provide a safe, supervised withdrawal from drugs of dependence. For alcohol and drug dependent people, removal of drugs from their bodies is indeed part of the detoxification process. However, detoxification alone is not a cure for addiction, and should be seen as a part of a person's overall treatment plan.

- To provide withdrawal that is humane and protects the patient's dignity; a caring staff, a supportive environment, sensitivity to cultural issues, confidentiality, and referral to the appropriate level of detoxification services (if needed).

A clinical and functional assessment will be performed prior to admission to assure that the client is appropriate for STOP. Screening to identify potential mental health issues will be performed, where appropriate, using an evidence-based suicide/mental health assessment tool.

Licensed clinical staff will be available at the facility to monitor clinical issues and facilitate transfer to the hospital whenever necessary. Peer specialists will be utilized to help engage clients and guide them through the steps of participation, recovery, and ongoing support services in the program.

Once a member has safely progressed from the immediate incident initiating contact with STOP, the center staff will refer the client for detoxification, a transition program, outpatient and/or residential treatment. The STOP peer specialist/sober coach will conduct the appropriate follow up to coordinate appointments for the client, assist the client in keeping appointments, and assist the client in arrangements for temporary, supportive, and/or permanent housing and employment.

Waiver Authority Sought

The state seeks a waiver of Section 1902(a)(10)(B), amount, duration, and scope in order to offer this service to only certain individuals identified as chronic inebriates, and to offer these services in an alternative setting.

This extension request seeks to modify paragraph 32 of the current STCs by adding a new subparagraph which would authorize the state to provide STOP services to any qualified Medicaid beneficiary, regardless of delivery system enrollment.

Rationale

Providing access to this type of treatment will greatly reduce health care expenditures on emergency room visits and hospitalizations. This request also aligns with our guiding principle of Prevention and Wellness: to provide consumers with individualized health care that is outcome-oriented and focused on prevention, wellness, recovery, and maintaining independence.

Access to integrated healthcare services will lower use of the emergency room or hospitalization, thus reducing overall cost to the state.

Assistance in accessing transitional housing, which supports lifestyle change until beneficiaries can access residential treatment and, eventually, permanent housing, leads to decreased rates of homelessness and incarceration. These improvements in the beneficiaries' quality of life will lead to lower financial expenditures by the state in healthcare, human services, and criminal justice.

Development of peer relationships will improve social connectedness and result in less reliance on the emergency room and/or high-cost treatment services.

**Attachment B: Assurances**

**The State assures the following:**

- This change is consistent with the protections to health and welfare as appropriate to Title XIX of the Social Security Act (the Act)
- The change results in appropriate efficient and effective operation of the program, including Justification and Response to Funding Questions
- This change would be permissible as a State Plan or Section 1915 Waiver Amendment and is otherwise consistent with sections 1902,1903,1905,and 1906, current federal regulations , and CMS policy

**Attachment C: Standard Funding Questions**

1. Section 1903(a)(I) provides that Federal matching funds are available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local government entity, or any other intermediary organization? If providers are required to return any portion of payments , please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of the providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State( ie.,general fund, medical services account, etc.)

   **Providers receive and retain the total Medicaid expenditures claimed by the State. No portion of the payments is returned to the State, local governmental entity, or any other intermediary organization**

2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment( normal per diem, supplemental, enhanced, other) is funded. Please describe whether state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures(CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation were not used by the Medicaid agency, the source of the state share would necessarily be derived through either an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditures and State share amounts for each Medicaid payment. If any of the nonfederal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify the total expenditures being certified are eligible for Federal matching funds in accordance with 42CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:
   - (i) A complete list of the names of entities transferring or certifying funds;
   - (ii) the operational nature of the entity (state, county, city, other);
   - (iii) the total amounts transferred or certified by each entity;
   - (iv) clarify whether the certifying or transferring entity has general taxing authority : and ,
   - (v) whether the certifying or transferring entity received appropriations (identify level of appropriations.)

**The State share is funded through general revenue funds appropriated by the legislature for this purpose.**

3. Section 1902(a)(30) requires that the payments for services be consistent with efficiency, economy, and quality of care . Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type .

   **No supplemental or enhanced payments were made.**

4. For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers(State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current(i.e., applicable to the current rate year)UPL demonstration.

   **N/A**

5. Does the governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced , other) exceed their reasonable cost of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

   **No governmental providers receive payments that in the aggregate exceed their reasonable costs of providing services.**